



Special Needs Notification Form

Would you like to notify the Department of Public Safety of someone with special needs within Jacksonville, North Carolina? The information you provide could be important to first responders during an emergency involving a person with special needs.

Please fill out and submit this form by mail or in person.

Attention: Telecommunications Supervisor

200 Marine Boulevard Jacksonville, NC 28540

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First Name of Individual with Special Needs:	Last Name of Individu	Last Name of Individual with Special Needs:		
Address: (street, city, state, zip)				
Primary Phone Number:	Secondary Phone Nur	Secondary Phone Number:		
Check all that apply.	'			
□ Blind or visually impaired □ Cognitive impairment that can involve memory, langu □ Deaf or hard of hearing □ Physically linked to equipment required to sustain his □ Bedridden, uses a wheelchair, has a mobility impairm □ Psychiatric impairment □ Speech impairment □ Uses electronic device for text communication utilizing	or her life ent	ment issues		
Medical Diagnosis:				
General Symptoms - Check all that apply.				
☐ On Medication ☐ May Hur	ve in New Situations t Themselves ishing Lights	☐ Fears Loud Noises☐ Tourette's Syndrome☐ Experiences Sensory Overload☐ Bedridden		
Is there any other helpful information you can share?				
Your Contact Information - In case we have follow	up questions			
First Name:	Last Name:	Last Name:		
Phone Number:	Email Address:	Email Address:		

Questions about the Special Needs Notification Form? Contact Jacksonville Public Safety 9-1-1 Center at 910 938-7585.